

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Joseph Montopoli, Fire Chief/EMC 954-797-1842

PREPARED BY: Julie Downey, Assistant Fire Chief 954-797-1189

SUBJECT: First Aid and Medical Supplies

AFFECTED DISTRICT: N/A

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR FIRST AID SUPPLIES AND EQUIPMENT.

REPORT IN BRIEF: A competitive bid was conducted for providing first aid supplies and equipment for Davie Fire Rescue Department. Initially, the Town sent out sealed bids to thirty-three (33) prospective bidders and received thirteen (13) bids which were awarded to the lowest responsive bidder for each group under R-2008-137, with the exception of Groups A and G. Since the bidders in these two groups did not bid on all items, they were disqualified. The Fire Department revised the specifications for those groups and rebid under Bid B-08-90. The rebid was advertised State-wide in Florida Bid Reporting and nationally in BidNet and the Town's website. The Town sent out sealed bids to twenty-six (26) prospective bidders and received nine (9) bids, five (5) responsive and four (4) incomplete non-responsive bids. The initial term of the contract is one (1) year with an option to extend the contract for an additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be sent to Town Council for approval.

PREVIOUS ACTIONS: R-2008-137

CONCURRENCES: The recommended award has been reviewed by the Fire Chief and the Bid Specification Committee who concur with the decision to award to the lowest responsive bidder for each group.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$ Included in main award under R-2008-137

Account Name: Fire Department – First Aid Supplies and Equipment

What account will funds be appropriated from: 001-0602-522-0407

Additional Comments: Procurement Authorization was submitted with main award in R-2008-138.

RECOMMENDATION(S): Motion to approve Resolution

Attachment(s): Procurement Authorization – submitted with main award, Department Recommendation Memo, Bid Tabulation

RESOLUTION _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR FIRST AID SUPPLIES AND EQUIPMENT FOR GROUPS A AND G.

WHEREAS, The Town awarded the bids to the lowest responsive bidder for each group under R-2008-137, with the exception of Groups A and G; and

WHEREAS, The Town re-bid and sent out sealed bids to twenty-six (26) prospective bidders and received nine (9) bids, five (5) responsive and four (4) incomplete non-responsive bids; and

WHEREAS, After review, the Town Council wishes to accept the lowest responsive bid for Group A and G, as identified in Attachment "A"

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby accepts the lowest responsive bid for groups A and G for first aid supplies and equipment, as identified in Attachment "A".

SECTION 2. The Town Council hereby authorized the expenditure for the Fire Department- First Aid Supplies and Equipment Account Number 001-0602-522-0407.

SECTION 3. The initial term is one (1) year with an option to extend the contract for one (1) additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be sent to Town Council for approval.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER
ATTEST:

TOWN CLERK

APPROVED THIS ____ DAY OF _____, 2008



INTEROFFICE MEMORANDUM FIRE RESCUE DEPARTMENT

Date: July 17, 2008
To: H. Hyman, Procurement Manager
From: J. Downey, Assistant Chief
Through: M. Malvasio, Deputy Chief
Subject: First Aid Supply Bids
Attachment: Yes No X

Signature
for Malvasio

I have reviewed the first aid supply bid paperwork for the rebid of Group A and Group G and have the following recommendations.

- Group A The lowest responsive bidder - Quad Med Medical
- Group G The lowest responsive bidder - Bound Tree Medical

Thank you for your assistance in this time consuming but worth while project. If you have any questions, please call me at 954-797-1189.

BID OPENING REPORT

BID NAME: First Aid Supplies (REBID)

TIME: _____

BID NUMBER: B-08-90

DATE: 7.8.08

ESTIMATED COST: _____

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	QUADMED, INC.	A. \$11,122.73 N. NO BID	A = 1
2.	AMERICAN PURCHASING ^{Medical Dept}	A. \$10,451.92 N. \$22,643.92	incomplete bid
3.	EVER READY FIRST AID	A. \$48,155.30 N.	A=4
4.	MATRIX MEDICAL	A. \$29,904.15 N. \$79,714.25	A=2
5.	CPR SAVERS : 1 ST AID	A. \$1,849.80 N. \$24,626.40	incomplete Bid
6.	GATE MEDICALS	A. \$19,081.84 N. \$132,206.00	A=5
7.	MOORE MEDICAL	A. 12,449.86 N. NO BID	incomplete Bid
8.	BOUND TREE MEDICAL	A. \$31,697.51 N. \$38,551.23	N = 1
9.	Kentron Health Care	A. \$31,295.50 N. NO BID	A=3
10.			

REMARKS

SPECS SENT TO TWENTY-SIX (26) PROSPECTIVE BIDDERS
TOWN REC'D NINE(9) RESPONSES (FIVE(5) RESPONSIVE BIDS AND FOUR(4)
INCOMPLETE NON-RESPONSIVE BIDS)

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Debra Salas

DATE: 7.8.08

WITNESS: Elma Blanton

DATE: 7.8.08

	A	B	C	D	E	F
1						
2						
3						
4		Kentron	QuadMed	Bound Tree	Matrx	Gate
5		Health		Medical	Medical	Medical
6						
7	Group A	\$31,295.50	\$27,722.23	\$31,697.51	\$29,904.75	\$79,081.84
8	Group G			\$38,515.23	\$79,714.25	\$132,206.00
9						

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <div style="text-align: center; font-size: 1.2em;">QuadMed, Inc.</div>	
	Business name, if different from above <div style="text-align: center;">P.O. Box 550773 Jacksonville, FL 32255-0773</div>	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee. <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number <div style="font-size: 1.2em;">5913184908</div>

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ 6/30/08
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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[Previous on List](#) [Next on List](#) [Return To List](#)

[Events](#) [Name History](#)

Detail by Entity Name

Florida Profit Corporation

QUADMED, INC.

Filing Information

Document Number V63334
FEI Number 593184908
Date Filed 09/11/1992
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 05/03/1993
Event Effective Date NONE

Principal Address

11210-10 PHILIPS INDUSTRIAL BLVD EAST
JACKSONVILLE FL 32256 US

Changed 04/21/2000

Mailing Address

P.O. BOX 550773
JACKSONVILLE FL 32255-0773 US

Changed 05/01/1996

Registered Agent Name & Address

PRICE, LISA M.
11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258 US

Name Changed: 05/23/1995

Address Changed: 05/23/1995

Officer/Director Detail

Name & Address

Title P

PRICE, LISA M.

11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258

Title V

PRICE, MARLEY D
11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258

Annual Reports

Report Year Filed Date

2006	04/14/2006
2007	04/13/2007
2008	07/07/2008

Document Images

07/07/2008 -- ANNUAL REPORT	View image in PDF format
04/13/2007 -- ANNUAL REPORT	View image in PDF format
04/14/2006 -- ANNUAL REPORT	View image in PDF format
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02/24/2003 -- ANNUAL REPORT	View image in PDF format
01/29/2002 -- ANNUAL REPORT	View image in PDF format
02/21/2001 -- ANNUAL REPORT	View image in PDF format
04/21/2000 -- ANNUAL REPORT	View image in PDF format
04/29/1999 -- ANNUAL REPORT	View image in PDF format
05/12/1998 -- ANNUAL REPORT	View image in PDF format
05/13/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
05/23/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

[Previous on List](#) [Next on List](#) [Return To List](#)

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Entity Name

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
 See Specific instructions on page 2.

Name BOUND TREE MEDICAL, LLC	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) PO BOX 8023	Requester's name and address (optional)
City, state, and ZIP code DUBLIN, OH 43016	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

or

Employer identification number
3 1 1 7 3 9 4 8 7

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶ 7/1/08
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

JENNIFER BRUNNER

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BUSINESS FILINGS

PROMOTING BUSINESS GROWTH

Business Information

Total Row Count in Report - 1

Business Name	Charter / Registration Number	Type	Original Filing Date	Status	Expirati Date
BOUND TREE MEDICAL, LLC	1192360	Domestic Limited Liability Company	Nov 17 2000	Active	

[help](#)

[Back to Menu](#)

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0602-522-0407 ✓ <i>RISKY BID SUPPLIES & EQUIP.</i>	First Aid Supplies & Equipment	\$120,000

METHOD OF PROCUREMENT (check the one that applies)

- Open Competitive Bidding
- Piggyback on Contract Number _____
- Sole Source
- Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____
Department Head:

Have Funds been Reserved N/A - *MULTIPLE AWARD TO VENDORS ON AN AS NEEDED BASIS*

Date 4/13/08 Signed _____

Signed Gary Schuman
Town Administrator

BIDS SUBMITTED

VENDOR	COST
DEALMED, INC.	
TRI-ANIM HEALTH SERVICES, INC.	SEE
KENTRON HEALTH CARE, INC.	ATTACHED
QUADMED, INC.	BID
HENRY SCHEIN MATRIX MEDICAL	TABULATION
AMERICAN MEDICAL DEPOT	
BOUND TREE MEDICAL	
PHYSID-CONTROL, INC.	
MOORE MEDICAL	
S&W HEALTHCARE	NO BID
EMS INNOVATIONS	NO BID
BUY RATE INTERNATIONAL	NO BID
LAERDAL	NO BID

Signed _____
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
LOWEST BIDDER FOR EACH GROUP	SEE ATTACHED
AS IDENTIFIED IN ATTACHMENT "A"	BID TABULATION